<u>**CRITERION 2**</u>
UPDATED ASSESSMENT OF SERVICE NEEDS
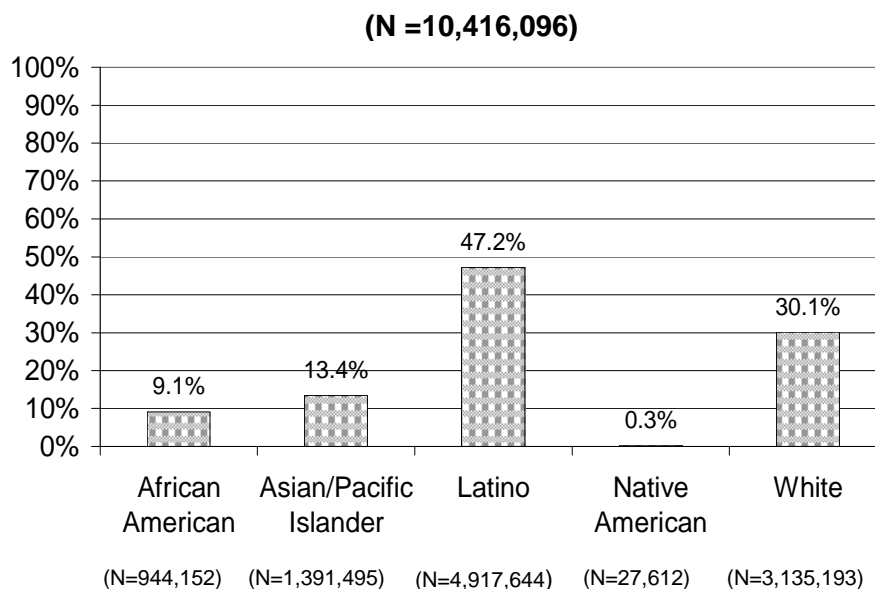
I. General Population
The county shall include the following in the CCPR:
A. Summarize the county's general population by race, ethnicity, age, and gender (may be a narrative or as a display of data). Other social/cultural groups may be addressed as data is available and collected locally.

Los Angeles County consists of 88 legal cities and covers approximately 4,400 square miles. In 2009 the estimated population was 10,416,096. Los Angeles County is the largest County in the United States by population size. It has the highest population density in the country at an average of 2,551 people per square mile as compared with 236 in California and 96 in the US.

Figure 1 shows the estimated countywide **ethnic breakdown** for Los Angeles. The majority of the population in Los Angeles--or almost half--is Latino (47.2%), followed by Whites who comprise almost a third of the population (30.1%). A much smaller percentage of Asian/Pacific Islanders (13.4%) and African Americans (9.1%), and a very small percentage of Native Americans (less than 1% of the population) comprise the remainder of the population.
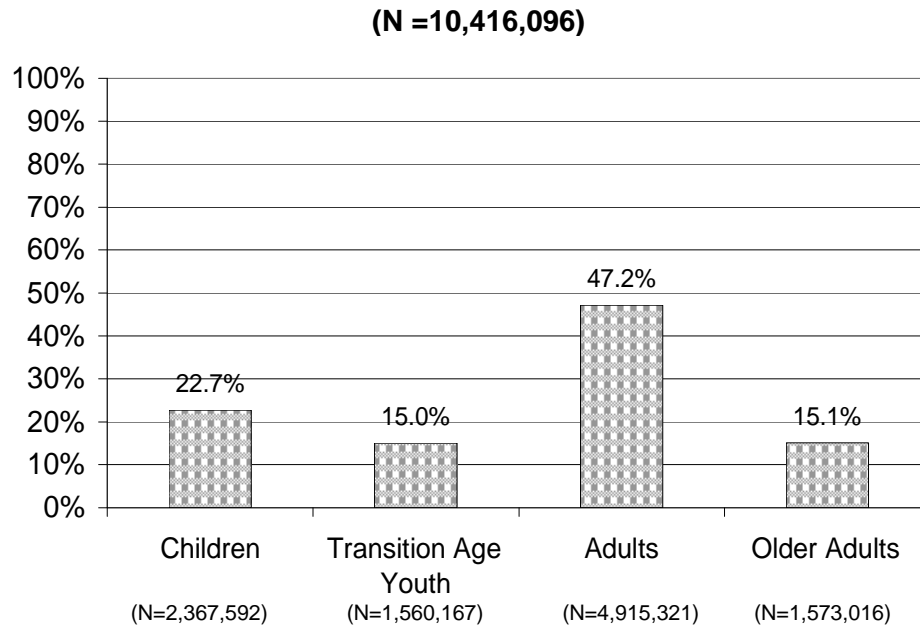
Figure 1: Los Angeles Countywide Estimated Population by Ethnicity CY 2009

(N =10,416,096)

	African American (N=944,152)	Asian/Pacific Islander (N=1,391,495)	Latino (N=4,917,644)	Native American (N=27,612)	White (N=3,135,193)
%	9.1%	13.4%	47.2%	0.3%	30.1%

Data Source: 2009 Population and Poverty Estimates provided by John Hedderson, Walter McDonald Associates, Sacramento, California.

1

Figure 2 shows that more adults than children live in Los Angeles County. Persons 26-59 years old comprise the largest **age group** (47.2%), followed by children age 0-15 and under (22.7%), older adults, or persons aged 60 years and older (15.1%), and Transitional Age Youth or persons aged 16-25 years old (15%).

Figure 2: Los Angeles Countywide Estimated Population by Age-Group CY 2009

(N =10,416,096)

	Children (N=2,367,592)	Transition Age Youth (N=1,560,167)	Adults (N=4,915,321)	Older Adults (N=1,573,016)
	22.7%	15.0%	47.2%	15.1%

Data Source: 2009 Population Estimates by John Hedderson, Walter McDonald Associates, Sacramento, California.

Figure 3 shows that an equal percentage of **males** and **females** live in the county.

Figure 3: Los Angeles Countywide Estimated Population by Gender CY 2009
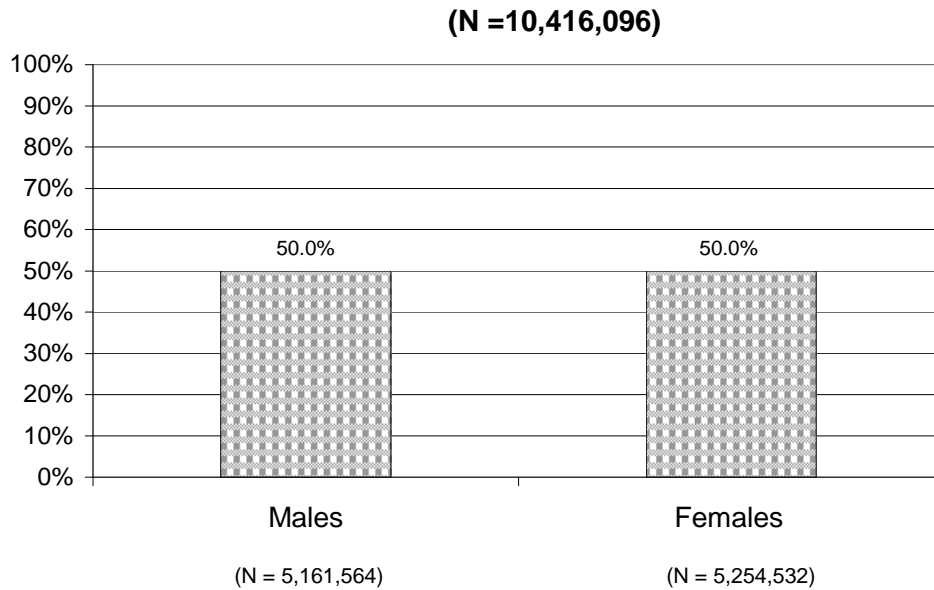
(N =10,416,096)

Data Source: 2009 Population Estimates by John Hedderson, Walter McDonald Associates, Sacramento, California.

II. Medi-Cal population service needs (Use current CAEQRO data if available.)
The county shall include the following in the CCPR:
A. Summarize Medi-Cal population by race, ethnicity, language, age, and gender (other social/cultural groups)

Out of the over 10.4 million population in Los Angeles County, nearly 20% were enrolled in Medi-Cal (N = 2,030,535) and eligible for mental health benefits and services in the month of March 2010.

Ethnicity
Figure 4 shows majority of the population enrolled in Medi-Cal is Latino at 62.9%, followed by Whites at 14.0%, African American at 12.3%, Asian/Pacific Islander at 10.6% and Native American at .1%.

**Figure 4: Countywide Estimated Population Enrolled in Medi-Cal
by Ethnicity
March 2010**

(N = 1,951,030)

(N = 233,394)	(N=226,385)	(N=1,242,950)	(N=2,260)	(N=246,041)
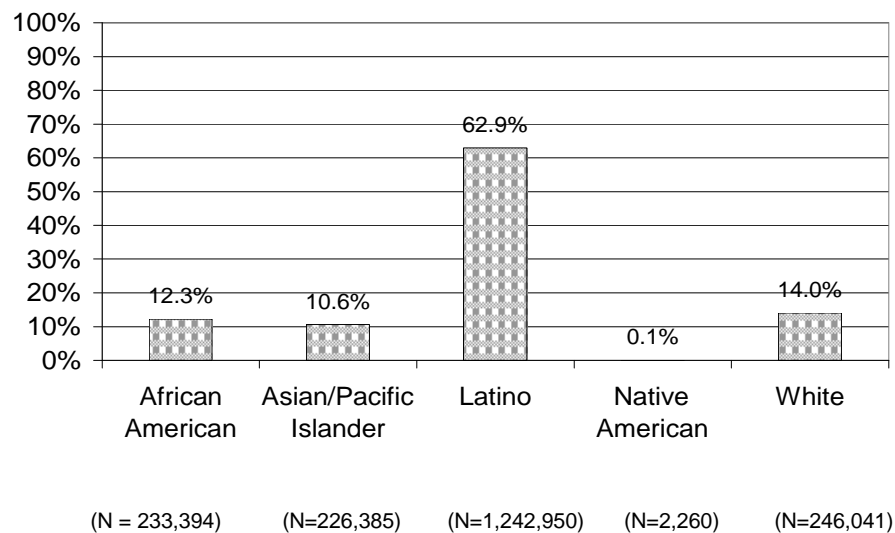
Note: Excludes 'missing' Medi-Cal Enrolled by Ethnicity (N=79,505)
Data Source: California State MEDS File – March 2010

Language

Table 1 shows majority of the population enrolled in Medi-Cal is English speaking at 834,416, followed by Spanish speaking at 777,748.

Table 1: Countywide Estimated Population Enrolled in Medi-Cal by LACDMH Threshold Language
March 2010

(N = 1, 807,904)

	Arabic	Armenian	Cambodian	Cantonese	English	Farsi	Korean	Mandarin	Other Chinese	Russian	Spanish	Tagalog	Vietnamese	Total
Countywide	3,043	57,234	8,214	26,793	834,416	10,596	20,025	16,971	8,815	10,276	777,748	10,944	22,829	**1,807,904**
	0.2%	3.2%	0.5%	1.5%	46.2%	0.6%	1.1%	0.9%	0.5%	0.6%	43.0%	0.6%	1.3%	**100%**

The Countywide Medi-Cal Enrolled Population Who Speak the Threshold Languages per the State MEDS file, March 2010, is 1,807,904, for 13 languages.
A Threshold Language is the primary language of 3,000 Medi-Cal Beneficiary or 5% of the Medi-Cal Beneficiary Population, whichever is lower, in an identified geographic area (Title 9, CCR, Section 1810 (f)(3). Table 1 excludes missing language data (N=225,850).

Age Group
Figure 5 shows nearly half of the population enrolled in Medi-Cal are children at 49.9%, adults at 18.5% and both TAY and older adults at about 16%.

Figure 5: Countywide Estimated Population Enrolled in Medi-Cal
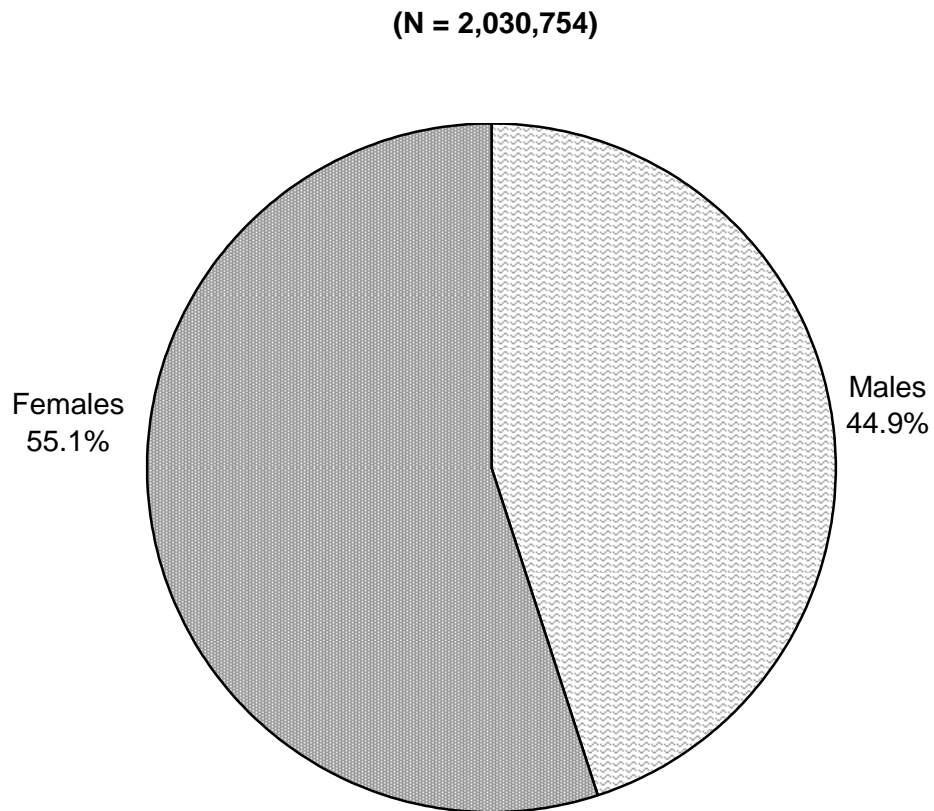**by Age Group**
March 2010

(N = 2,030,754)
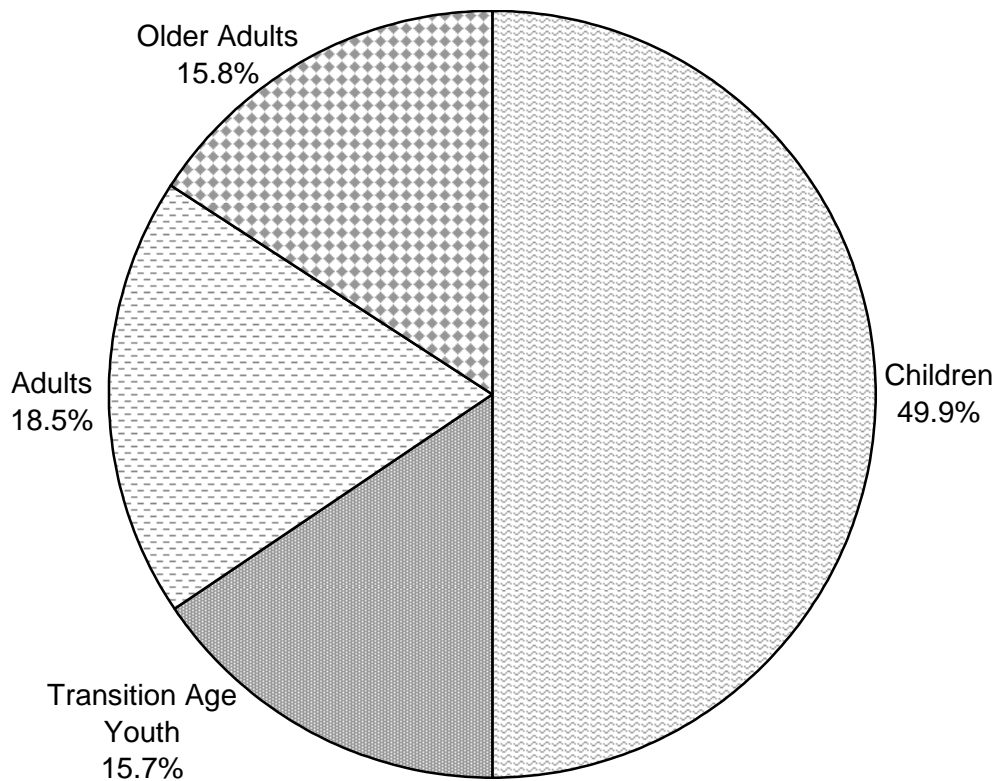
Gender
Figure 6 shows more than half of the individuals enrolled in the Medi-Cal program are females at 55.1% as compared with 44.9% males.

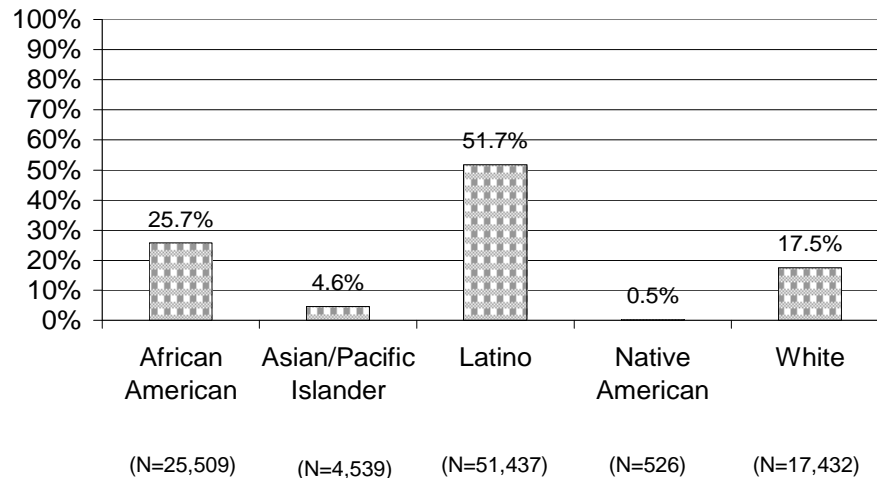**Figure 6: Countywide Estimated Population Enrolled in Medi-Cal by Gender March 2010**

(N = 2,030,754)

Females
55.1%

Males
44.9%

Medi-Cal Approved Consumers Served in Outpatient Short Doyle/Medi-Cal Facilities in FY 2009-2010

Ethnicity
Figure 7 shows Latinos were 51.7% of the consumers served in Outpatient Short Doyle/Medi-Cal facilities, followed by African Americans at 25.7%, Whites at 17.5%, Asian/Pacific Islanders at 4.6% and Native Americans at .5%.

Figure 7: Countywide Med-Cal Approved Consumers Served in Outpatient Short Doyle/Medi-Cal Facilities by Ethnicity FY 2009-2010

(N = 103,943)

African American (N=25,509)	Asian/Pacific Islander (N=4,539)	Latino (N=51,437)	Native American (N=526)	White (N=17,432)
25.7%	4.6%	51.7%	0.5%	17.5%

Language
Table 2 shows approximately 73.5% English speaking, 22% Spanish speaking, 0.8% Armenian speaking, 0.8% Cambodian speaking, 0.7% Vietnamese speaking, 0.6% Korean speaking, 0.5% Cantonese speaking, 0.3% Mandarin speaking, 0.2% Tagalog speaking, 0.2% Farsi speaking, 0.1% Russian speaking, 0.1% Other Chinese and 0.1% Arabic speaking consumers were served in FY 2009-10.

Table 2: Countywide Medi-Cal Approved Consumers Served in Outpatient Short Doyle/Medi-Cal Facilities by LACDMH Threshold Languages FY 2009-2010

Countywide Threshold Languages for LAC-DMH	Medi-Cal Approved Consumers Served FY 2009-10	
Arabic	69	0.1%
Armenian	797	0.8%
Cambodian	850	0.8%
Cantonese	476	0.5%
English	74,636	73.5%
Farsi	188	0.2%
Korean	621	0.6%
Mandarin	350	0.3%
Other Chinese	110	0.1%
Russian	139	0.1%
Spanish	22,301	22.0%
Tagalog	234	0.2%
Vietnamese	760	0.7%
Total	**101,531**	**100.0%**

Note: Excludes "Other" language data (N = 2,412)

Age Group
Figure 8 shows children were 53.3% of the consumers, followed by adults at 32.1%, TAY at 10.7% and older adults at 3.9%.

Figure 8: Countywide Medi-Cal Approved Consumers Served in Outpatient Short Doyle/Medi-Cal Facilities by Age Group FY 2009-2010

(N = 103,943)
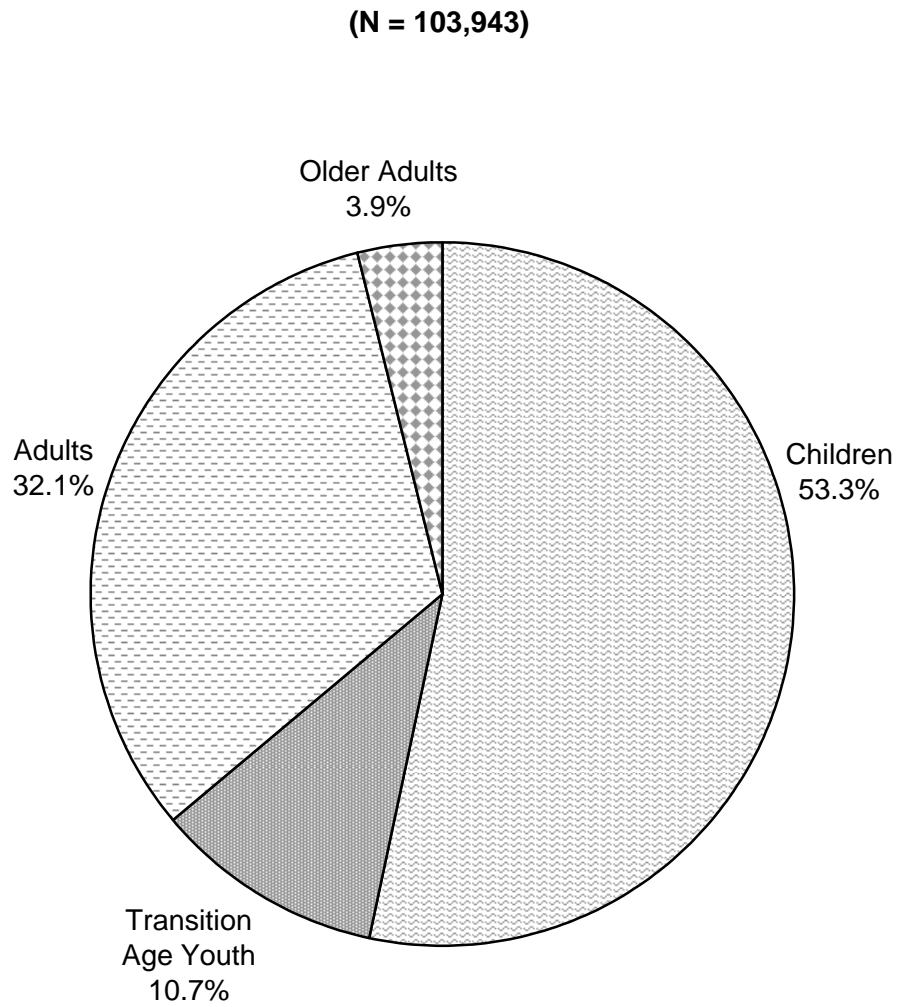
Gender
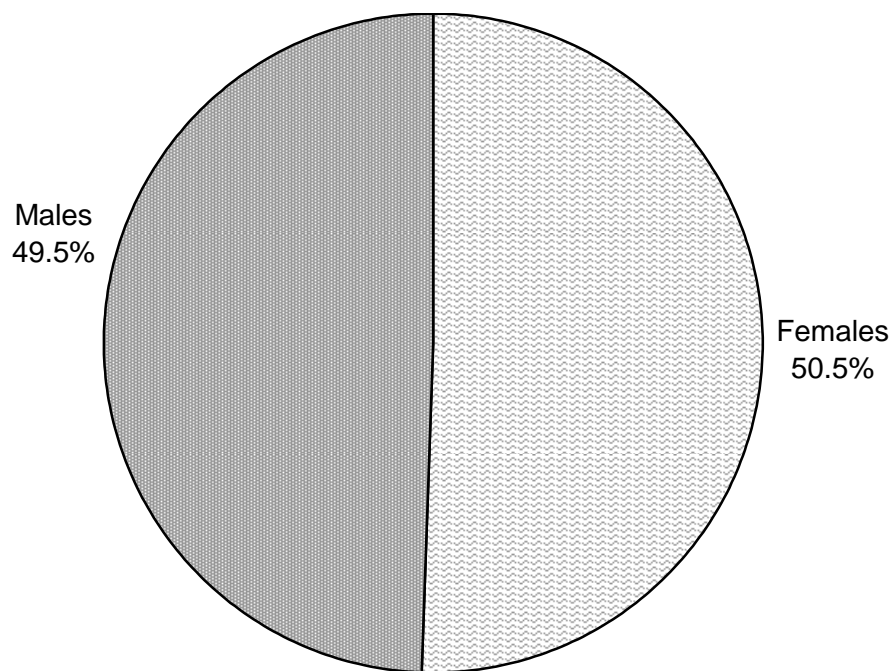**Figure 9** shows females were 50.5% of the consumers served compared with males at 49.5%.

Figure 9: Countywide Consumers Served in Outpatient Short Doyle/Medi-Cal Facilities by Gender FY 2009-2010

(N = 103,919)

Males
49.5%

Females
50.5%

B. Provide an analysis of disparities as identified in the above summary

By Ethnicity
The disparity by ethnicity among Medi-cal population as compared with consumers served in Outpatient facilities in FY 2009-2010 is for Latinos and Asian/Pacific Islanders.

Latinos are 62.9% of the Medi-Cal population but only 51.7% of the consumers served. Similarly, Asian/Pacific islanders are 10.6% of the Medi-Cal population but only 4.6% of the consumers served.

By Age Group
Children and older adults are the two age groups that show disparity among Medi-Cal population.

Children are 49.9% of the Medi-Cal population and 53.3% of the consumers served. Older adults are 15.8% of the Medi-Cal population but only 3.9% of the consumers served.

By Gender
Gender disparity among Medi-Cal population is among females. Females are 55.1% of the Medi-Cal population but 50.5% of the consumers served.

Disparities in Medi-Cal Population Estimated with SED/SMI and Consumers Served

In order to get more precise estimates of disparity among Medi-Cal enrolled population, the actual number of Medi-Cal enrolled population estimated with Serious Emotional Disturbance (SED) and Serious mental Illness (SMI) were compared with the number of Medi-Cal approved consumers served in FY 2009-10. The results are presented in Tables 3-7.

Table 3 shows estimated disparity by ethnicity. Approximately 36,959 Latinos, 10,397 Asian/Pacific Islanders, and 2,226 Whites enrolled in Medi-Cal and estimated with SED/SMI were not served with mental health services in FY 2009-10 (indicated by a positive number and in blue).

Table 3: Estimated Disparity by Ethnicity Among Medi-Cal Population FY 2009-2010

Ethnicity	Medi-Cal Enrolled Population Estimated with SED & SMI		Medi-Cal Approved Consumers Served FY 2009-10		Estimated Penetration Rate Among Medi-Cal Enrolled Population	Estimated Disparity Among Medi-Cal Enrolled Population
African American	17,344	12.3%	25,509	25.7%	147.0%	(17,344–25,509) = - 8,165[9]
Asian/Pacific Islander	14,936	10.6%	4,539	4.6%	30.3%	(14,936–4,539) = 10,397
Latino	88,396	62.9%	51,437	51.7%	58.1%	(88,396–51,437) = 36,959
Native American	181	0.1%	526	0.5%	290.6%	(181– 526) = - 345[9]
White	19,658	14.0%	17,432	17.5%	88.6%	(19,658 – 17,432) = 2,226
Total	**140,515**	**100.0%**	**99,443**	**100.0%**		**(140,515 –99,443) = 41,072**

Note: Excludes "other" ethnic group

[9] While a negative number indicates that the estimated need for mental health services has been met, the AA and NA communities continue to have significant unmet needs due to lower retention rates and multiple high risk factors.

Table 4 shows estimated disparity for the 13 LACDMH threshold languages. Approximately 36,029 Spanish speaking, 3,496 Armenian speaking, 1,533 Cantonese speaking, 952 Vietnamese speaking, 923 Mandarin speaking, 881 Korean speaking, 632 Russian speaking, 607 Farsi speaking, 587 Tagalog speaking, 551 Other Chinese speaking, and 159 Arabic speaking population enrolled in Medi-Cal and estimated with SED/SMI were not served with mental health services in their language in FY 2009-10 (indicated by a positive number and in blue).

Table 4: Estimated Disparity by LACDMH Threshold Languages Among Medi-Cal Population FY 2009-2010

Countywide Threshold Languages for LAC-DMH	Medi-Cal Enrolled Population Estimated with SED & SMI		Medi-Cal Approved Consumers Served FY 2009-10		Estimated Penetration Rate Among Medi-Cal Enrolled Population	Estimated Disparity Among Medi-Cal Enrolled Population
Arabic	228	0.2%	69	0.1%	30.2%	(228 - 69) = 159
Armenian	4,293	3.2%	797	0.8%	18.5%	(4,293 – 797) = 3,496
Cambodian	616	0.5%	850	0.8%	137.9%	(616 - 850) = - 234 [9]
Cantonese	2,009	1.5%	476	0.5%	23.6%	(2,009 - 476) = 1,533
English	62,581	46.2%	74,636	73.5%	119.2%	(62,581 – 74,636) = - 12,055 [9]
Farsi	795	0.6%	188	0.2%	23.6%	(795 - 188) = 607
Korean	1,502	1.1%	621	0.6%	41.3%	(1,502 - 621) = 881
Mandarin	1,273	0.9%	350	0.3%	27.4%	(1,273 - 350 = 923
Other Chinese	661	0.5%	110	0.1%	16.6%	(661 - 110) = 551
Russian	771	0.6%	139	0.1%	18.0%	(771 - 139) = 632
Spanish	58,330	43.0%	22,301	22.0%	38.2%	(58,330 – 22,301) = 36,029
Tagalog	821	0.6%	234	0.2%	28.5%	(821 - 234) = 587
Vietnamese	1,712	1.3%	760	0.7%	44.3%	(1,712 - 760) = 952
Total	**135,592**	**100.0%**	**101,531**	**100.0%**		**(135,592 – 101,531) = 34,061**

[9] A negative number indicates that the estimated need for mental health services has been met.

Table 5 shows estimated disparity for the seven API threshold languages. Approximately 1,533 Cantonese speaking, 952 Vietnamese speaking, 923 Mandarin speaking, 881 Korean speaking, 587 Tagalog speaking, and 551 Other Chinese speaking population enrolled in Medi-Cal and estimated with SED/SMI were not served with mental health services in their language in FY 2009-10 (indicated by a positive number and in blue).

Table 5: Estimated Disparity by API Threshold Languages Among
Medi-Cal Population
FY 2009-2010

Countywide Threshold Languages for LAC-DMH	Medi-Cal Enrolled Population Estimated with SED & SMI		Medi-Cal Approved Consumers Served FY 2009-10		Estimated Penetration Rate Among Medi-Cal Enrolled Population	Estimated Disparity Among Medi-Cal Enrolled Population
Cambodian	616	0.5%	850	0.8%	137.9%	**(616 – 850) = - 234**[9]
Cantonese	2,009	1.5%	476	0.5%	23.6%	**(2,009 – 476) = 1,533**
Korean	1,502	1.1%	621	0.6%	41.3%	**(1,502 – 621) = 881**
Mandarin	1,273	0.9%	350	0.3%	27.4%	**(1,273 – 350 = 923**
Other Chinese	661	0.5%	110	0.1%	16.6%	**(661 – 110) = 551**
Tagalog	821	0.6%	234	0.2%	28.5%	**(821 – 234) = 587**
Vietnamese	1,712	1.3%	760	0.7%	44.3%	**(1,712 – 760) = 952**
Total	**8,594**	**6.4%**	**3,401**	**3.2%**	**39.5%**	**(8,594 – 3,401) = 5,193**

[9] A negative number indicates that the estimated need for mental health services has been met.

Table 6 shows estimated disparity by age-group. Approximately 19,705 older adults, 17,365 children, and 6,108 TAY who are enrolled in Medi-Cal and estimated with SED/SMI were not served with mental health services in FY 2009-10 (indicated by a positive number and in blue).

Table 6: Estimated Disparity by Age Group Among Medi-Cal Population FY 2009-2010

Age Group	Medi-Cal Enrolled Population Estimated with SED & SMI		Medi-Cal Approved Consumers Served FY 2009-10		Estimated Penetration Rate Among Medi-Cal Enrolled Population	Estimated Disparity Among Medi-Cal Enrolled Population
Children (0-15)	72,807	51.8%	55,442	53.3%	76.1%	**(72,807- 55,442) = 17,365**
Transition Age Youth (16-25)	17,178	12.2%	11,070	10.7%	64.4%	**(17,178 – 11,070) = 6,108**
Adults (26-59)	26,722	19.0%	33,328	32.1%	124.7%	**(26,722 - 33,328) = - 6606**[9]
Older Adults (60+)	23,808	16.9%	4,103	3.9%	17.2%	**(23,808 – 4,103) = 19,705**
Total	**140,515**	**100.0%**	**103,943**	**100.0%**		**(140,515-103,943) = - 9,572**[9]

[9] A negative number indicates that the estimated need for mental health services has been met.

Table 7 shows estimated disparity by gender. Approximately 11,485 males and 25,111 females enrolled in Medi-Cal and estimated with SED/SMI were not served with mental health services in FY 2009-10 (indicated by a positive number and in blue).

**Table 7: Estimated Disparity by Gender Among Medi-Cal Population
FY 2009-2010**

Gender	Medi-Cal Enrolled Population Estimated with SED & SMI		Medi-Cal Approved Consumers Served FY 2009-2010		Estimated Penetration Rate Among Medi-Cal Enrolled Population	Estimated Disparity Among Medi-Cal Enrolled Population
Males	62,926	44.8%	51,441	49.5%	81.7%	**(62,926 – 51,441) = 11,485**
Females	77,589	55.2%	52,478	50.5%	67.6%	**(77,589 – 52,478) = 25,111**
Total	**140,515**	**100.0%**	**103,919**	**100.0%**		**(140,515 – 103,919) = 36,596**

Note: Excludes "unknown gender" (N = 24)

The SED & SMI Medi-Cal approved groups that are estimated to have **unmet needs/disparities** include:

- **Asian/Pacific Islanders, Latinos and Whites**, with a significantly larger number of Latinos underserved (Table 3);
- Enrollees who speak **11/13 threshold languages** except for English and Cambodian, with **Spanish** speaking enrollees considerably more underserved than other threshold speaking groups (Table 4);
- **Children age 0-15 years old, TAY and older adults,** with significantly larger numbers of children and older adults underserved (Table 6); and
- **Both genders**, with a significantly larger number of females underserved (Table 7).

III. 200% of Poverty (minus Medi-Cal) population and service needs
   The county shall include the following in the CCPR:
   A. Summarize the 200% of poverty (minus Medi-Cal population) and client utilization data by race, ethnicity, language, age, and gender (other social /cultural groups may be addressed as data is available and collected locally)
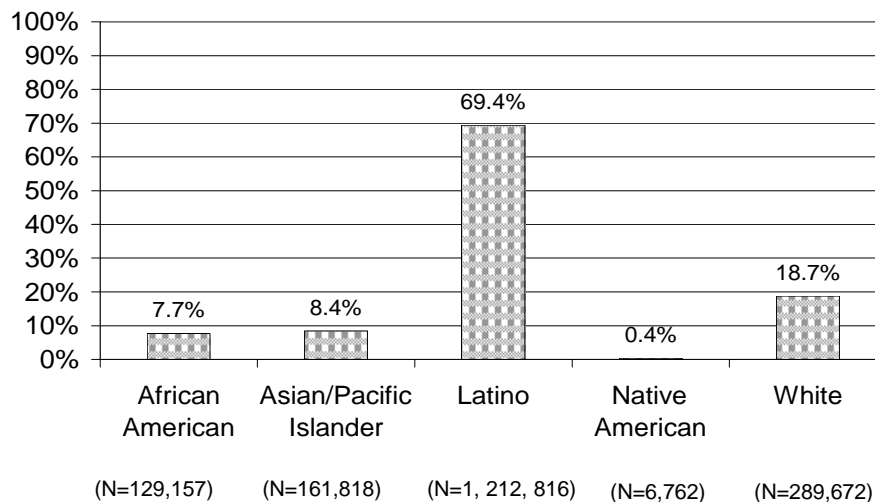
This population was calculated by subtracting the number of Medi-Cal enrolled population from the 200% Federal Poverty Level (FPL) population.

Ethnicity
Figure 10 shows Latinos are the majority of the non Medi-Cal enrolled population at 69.4%, followed by Whites at 18.7%, Asian/Pacific Islanders at 8.4%, African Americans at 7.7% and Native Americans at .4%.

Figure 10: Countywide Non-Medi-Cal Population Living At or Below 200% FPL by Ethnicity CY 2009

(N = 1,800,225)

African American (N=129,157)	Asian/Pacific Islander (N=161,818)	Latino (N=1, 212, 816)	Native American (N=6,762)	White (N=289,672)
7.7%	8.4%	69.4%	0.4%	18.7%

Language
Figure 11 shows English (756,326) and Spanish (695,434) speaking individuals as the majority of the non Medi-Cal enrolled population living below the 200% FPL, followed by the various languages of the API population (215,726).

Figure 11: Countywide Non-Medi-Cal Population Living At or Below 200% FPL by LACDMH Threshold Languages CY 2009

| LACDMH Threshold Languages	Non Medi-Cal Population	
Arabic	15,326	0.9%
Armenian	1,546	0.1%
Cambodian	2,807	0.2%
Cantonese	-8,424	-0.5%
English	756,326	42.0%
Farsi	18,794	1.0%
Korean	53,450	3.0%
Mandarin	-2,276	-0.1%
Other Chinese	68,334	3.8%
Other Threshold Languages	99,680	5.5%
Russian	8,093	0.4%
Spanish	695,434	38.6%
Tagalog	77,226	4.3%
Vietnamese	13,909	0.8%
Countywide	**1,800,225**	**100%**

[1] Includes non-missing data for age-group, gender and ethnicity in the State MEDS file. [2] Working Poor Population = Population Living at or Below 200% Poverty Minus Medi-Cal Eligible Population.
Data Source: Poverty Estimates for 2008 provided by John Hedderson, Walter McDonald Associates, 2009 and Urban Research - GIS Section/ISD/SSSD, State MEDS File, October 2009. Tables prepared by Data-GIS Unit, Quality Improvement Division, Program Support.

Age Group
Figure 12 shows adults are the majority of the non Medi-Cal enrolled population that are living at or below 200% FPL at 63.9%, followed by TAY at 18.4%, older adults at 7.5% and children at 10.2%.

Figure 12: Countywide Non-Medi-Cal Enrolled Population Living At or Below 200% FPL by Age Group
CY 2009

(N = 1,800,226)

Older Adults
7.5%

Children
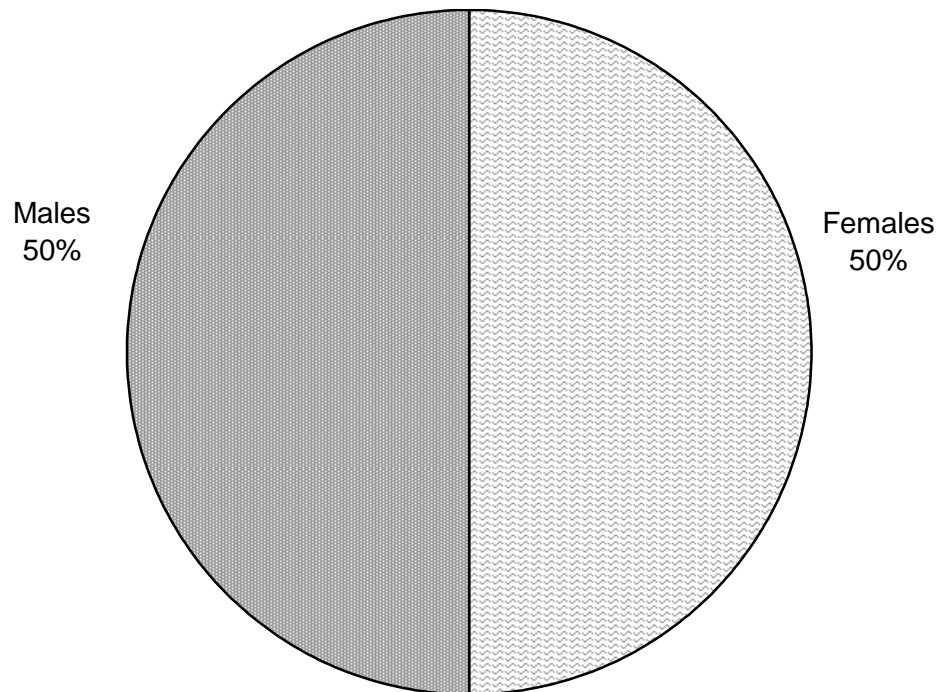10.2%

Transitional Age Youth
18.4%

Adults
63.9%
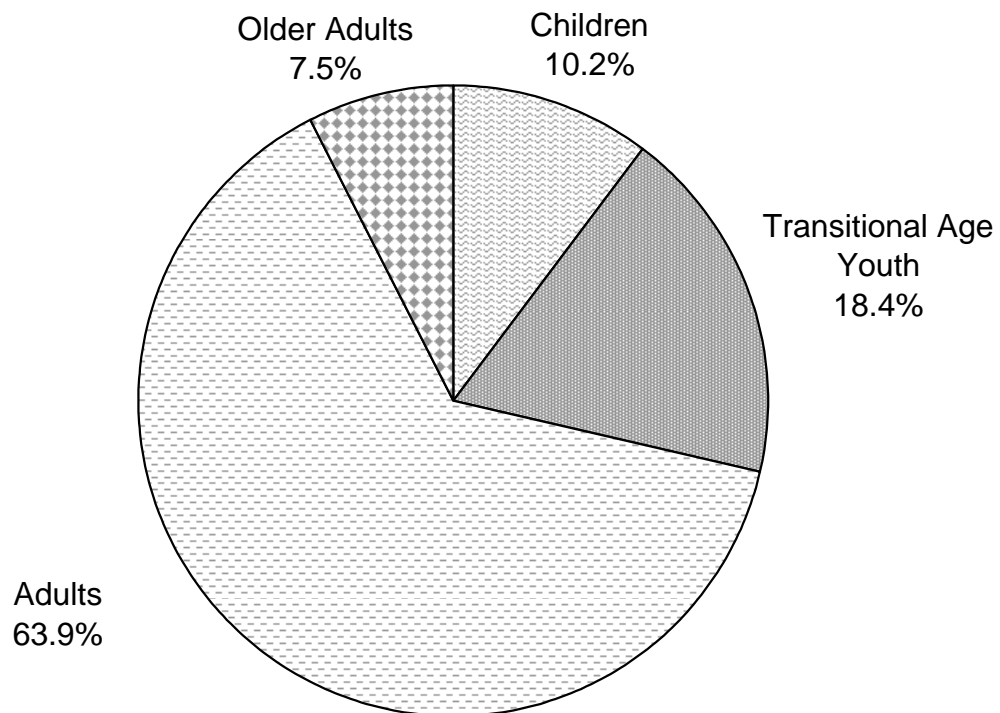
Gender
Figure 13 shows males and females are both at 50% of the non Medi-Cal enrolled population living at or below 200% FPL.

Figure 13: Countywide Non-Medi-Cal Enrolled Population Living At or Below 200% FPL by Gender
CY 2009

(N = 1,800,226)

Males
50%

Females
50%

B. Disparities in Non Medi-Cal Enrolled Population Living At or Below 200% FPL as Compared with SED/SMI Consumers Served

By Ethnicity

The greatest disparity by ethnicity among non Medi-Cal enrolled population living at or below 200% FPL with SED & SMI is among Latinos and Asian/Pacific Islanders.

Latinos are 90,961 of the non Medi-Cal population living at or below 200% FPL with SED & SMI, however only 22,473 of the consumers served. Similarly, Asians/Pacific Islanders are 12,136 of non Medi-Cal population living at or below 200% FPL with SED & SMI, but only 1,945 of the consumers served.

Table 8 shows the Latino and White Working Poor were the most non Medi-Cal consumers served in the county's outpatient Short Doyle/Medi-Cal Facilities in FY 2009-2010 with about 17.3%% more Latinos (43.8%) served than Whites (26.5%). Almost one fifth of the Working Poor population served were African Americans (25.2%). Only 3.8% served were Asian/Pacific Islanders with an even smaller percentage served who were Native Americans (0.7%).

Table 8: Unmet Need by Ethnicity Among Non Medi-Cal Population Living at or Below 200% FPL FY 2009-2010

Ethnicity	Non Medi-Cal Population Estimated with SED & SMI		Non Medi-Cal Consumers Served[11]		Estimated Penetration Rate	Estimated Unmet Need[12]
African American	9,686	7.2%	12,915	25.2%	133.3%	(9,686 –12,915) = -3,229 [9]
Asian/Pacific Islander	12,136	9.0%	1,945	3.8%	16.0%	(12,136 – 1,945) = 10,191
Latino	90,961	67.4%	22,473	43.8%	24.7%	(90,961 – 22,473) = 68,488
Native American	507	0.4%	353	0.7%	69.6%	(507 – 353) = 154
White	21,725	16.1%	13,571	26.5%	62.4%	(21,725 – 13,571) = 8,154
Total	**135,015**	**100.0%**	**51,257**	**100.0%**		**(135,015 – 51,257) = 83,758**

Note: Excludes 1,948 Non-Medi-Cal Consumer "other" ethnic group consumers.
[9] While a negative number indicates that the estimated need for mental health services has been met, the AA communities continue to have significant unmet needs due to lower retention rates and multiple high risk factors.
[11] Includes Non Medi-Cal consumers served in Outpatient Short Doyle/Medi-Cal Facilities such as consumers served by County General Funds (CGF) etc.
[12] A positive number indicates number of Non Medi-Cal population whose need for mental health services has not been met.

By Language

The greatest disparity by language among non Medi-Cal population living at or below 200% FPL with SED & SMI is among Spanish and English speaking consumers.

Table 9 shows that English and Spanish were the two most spoken **threshold languages** by SED and SMI Working Poor in FY 2009-2010. About 40% of Working Poor speak English (44.5%) or Spanish (41.5%). Barely 5% of Working Poor speak one of the seven Asian languages, 3.1 % speak Armenian.

The majority of SED and SMI Working Poor served in outpatient Short Doyle/Medi-Cal Facilities were English-speaking (78.4%). About one fifth of enrollees served were Spanish speaking (19%). Only about 2% served spoke an Asian language, with the remainder of consumers served speaking other threshold languages.

**Table 9: Unmet Need by Threshold Language Among Los Angeles County
Non Medi-Cal Working Poor Population
FY 2009-2010**

Countywide Threshold Languages	Non Medi-Cal Working Poor Population Estimated with SED & SMI		Non Medi-Cal Consumers Served[11]		Estimated Penetration Rate	Estimated Unmet Need[12]
Arabic	260	0.2%	34	0.1%	13.0%	(260 - 34) = 226
Armenian	4,030	3.1%	232	0.4%	5.7%	(4,030 - 232) = 3,798
Cambodian	520	0.4%	192	0.4%	36.9%	(520 - 192) = 328
Cantonese	1,820	1.4%	78	0.2%	4.2%	(1,820 - 78) = 1,742
English	57,857	44.5%	40,533	78.4%	70.0%	(57,857- 40,533) = 17,324
Farsi	780	0.6%	94	0.2%	12.0%	(780 - 94) = 686
Korean	1,430	1.1%	256	0.5%	17.9%	(1,430 - 256) = 1,174
Mandarin	0	0.0%	121	0.2%	0%	(0-121) = - 121 [9]
Other Chinese	650	0.5%	67	0.1%	10.3%	(650 - 67) = 583
Russian	650	0.5%	68	0.1%	10.4%	(650 - 68) = 582
Spanish	53,956	41.5%	9,812	19.0%	18.1%	(53,956 – 9,812) = 44,144
Tagalog	780	0.6%	140	0.3%	17.9%	(780 - 140) = 640
Vietnamese	1,560	1.2%	99	0.2%	6.3%	(1,560 - 99) = 1,461
Total[13]	**124,294[13]**	**100.0%**	**51,726**	**100.0%**		**(124,294 – 51,726) = 72,568**

[9] A negative number indicates that the estimated need for mental health services has been met.
[11] Includes Non Medi-Cal consumers served in Outpatient Short Doyle/Medi-Cal Facilities such as consumers served by County General Funds (CGF) etc.
[12] A positive number indicates number of Non Medi-Cal population whose need for mental health services has not been met.
[13] Excludes "Other" Non Threshold Languages spoken by working-poor population (N = 1,479).

Table 10 shows that Cantonese, Vietnamese and Korean were the most spoken **API threshold languages** by SED and SMI Working Poor in FY 2009-2010.

The SED and SMI Working Poor served in outpatient Short Doyle/Medi-Cal Facilities were Korean-speaking (0.5%), followed by Cambodian (0.4%), Tagalog (0.3%), Cantonese, Mandarin, and Vietnamese (0.2%) and Other Chinese (0.1%).

Table 10: Unmet Need by API Threshold Language Among Los Angeles County Non Medi-Cal Working Poor Population FY 2009-2010

Countywide Threshold Languages	Non Medi-Cal Working Poor Population Estimated with SED & SMI		Non Medi-Cal Consumers Served[11]		Estimated Penetration Rate	Estimated Unmet Need[12]
Cambodian	520	0.4%	192	0.4%	36.9%	(520 - 192) = 328
Cantonese	1,820	1.4%	78	0.2%	4.2%	(1,820 - 78) = 1,742
Korean	1,430	1.1%	256	0.5%	17.9%	(1,430 - 256) = 1,174
Mandarin	0	0.0%	121	0.2%	0%	(0-121) = - 121 [9]
Other Chinese	650	0.5%	67	0.1%	10.3%	(650 - 67) = 583
Tagalog	780	0.6%	140	0.3%	17.9%	(780 - 140) = 640
Vietnamese	1,560	1.2%	99	0.2%	6.3%	(1,560 - 99) = 1,461
Total[13]	**6,760**	**5.2%**	**953**	**1.9%**	**14.0%**	**(6,760 – 953) = 5,807**

[9] A negative number indicates that the estimated need for mental health services has been met.

By Age Group

Adults and TAY are the two age groups that show the greatest disparity among non Medi-Cal population living at or below 200% FPL with SED & SMI. Adults are approximately 86,318 of the non Medi-Cal population, however only 29,570 of the consumers served. Similarly, of the 24,817 TAY non Medi-Cal population, there were only 11,192 of the consumers served.

Table 11 shows that the majority, or about two thirds, of SED & SMI Working Poor were **adults** 26-59 years old (63.9%) in FY 2009-2010. **Transition Age Youth** aged 16-25 years old comprised one fifth (18.4%) of the Working Poor population, while **children** age 0-15 years old comprised about 10.2 % and **older adults** comprised about 7.5%.

Adults age 26-59 years old were the most served Working Poor population in outpatient Short Doyle/Medi-cal Facilities in FY 2009-2010 at 55.6%, followed by Transition Age Youth at 21.0%, children 0-15 years old at 19.2%, and older adults at 4.2%.

Table 11: Estimated SED/SMI, Consumers Served and Unmet Need by Age Group Among Los Angeles County Non Medi-Cal Working Poor Population FY 2009-2010

Age Group	Non Medi-Cal Enrolled Working Poor Population Estimated with SED & SMI		Non Medi-Cal Consumers Served[11]		Estimated Penetration Rate	Estimated Unmet Need
Children (0-15)	13,712	10.2%	10,223	19.2%	74.5%	(13,712 – 10,223) = 3,489 [10]
Transition Age Youth (16-25)	24,817	18.4%	11,192	21.0%	45.0%	(24,817 – 11,192) = 13,625 [10]
Adults (26-59)	86,318	63.9%	29,570	55.6%	34.2%	(86,318 – 29,570) = 56,748[10]
Older Adults (60+)	10,168	7.5%	2,220	4.2%	21.8%	(10,168 – 2,220) = 7,948[10]
Total	**135,015**	**100.0%**	**53,205**	**100.0%**		(130,015 – 53,205) = 76,810[10]

Note: Excludes 21 consumers with missing data on age.

[10] A positive number indicates number of Non Medi-Cal Working Poor population whose need for mental health services have not been met.

[11] Includes Non Medi-Cal consumers served in Outpatient Short Doyle/Medi-Cal Facilities such as consumers served by County General Funds (CGF) etc.

By Gender
Both genders show disparities for non Medi-Cal population living at or below 200% FPL with SED & SMI. Females are 67,464 of the non Medi-Cal enrolled population, however only 26,113 of the consumers served. Similarly, males are 67,551 of the non Medi-Cal enrolled population, but only 27,078 of the consumers served.

Table 12 shows that almost equal number of **males** and **females** were SED & SMI Working Poor in FY 2009-2010 with about 2% more males than females served in outpatient Short Doyle/Medi-Cal Facilities.

Table 12: Estimated SED/SMI, Consumers Served and Unmet Need by Gender Among Los Angeles County Non Medi-Cal Working Poor Population FY 2009-2010

Gender	Non Medi-Cal Enrolled Working Poor Population Estimated with SED & SMI		Non Medi-Cal Consumers Served[11]		Estimated Penetration Rate	Estimated Unmet Need
Males	67,551	50.0%	27,078	50.9%	40.0%	(67,551 – 27,078) = 40,473[10]
Females	67,464	50.0%	26,113	49.1%	38.7%	(67,464 – 26,113) = 41,351[10]
Total	**135,015**	**100.0%**	**53,191**	**100.0%**		(135,015 - 53,191) = 81,824[10]

Note: Excludes "missing" gender data on consumers served.
[10] A positive number indicates number of Non Medi-Cal Working Poor population whose need for mental health services have not been met.
[11] Includes Non Medi-Cal consumers served in Outpatient Short Doyle/Medi-Cal Facilities such as consumers served by County General Funds (CGF) etc.

Tables 8-12 above provide detailed analyses of estimated unmet (as indicated by a positive number and in blue) need by ethnicity, language, age-group and gender among the Working Poor population. The SED & SMI Working Poor groups that are estimated to have an **unmet need** include:
- **Asian/Pacific Islanders, Latinos, Native Americans and Whites**, with a larger number of Latinos underserved (Table 8);
- Working Poor who speak **12/13 threshold languages** except Mandarin (Table 9);
- **All 4 age groups** (Table 11); and
- **Both genders** (Table 12).

IV. MHSA Community Services and Supports (CSS) population assessment and service needs
The county shall include the following in the CCPR:
A. From the county's approved CSS plan, extract a copy of the population assessment (including updates). Summarize population and client utilization data by race, ethnicity, language, age, and gender (other social/cultural groups may be addressed as data is available and collected locally).

Please note: The CSS plan did not present data by language. Therefore, the comparison between 2003 and 2009 is not available. Please see table15 for client utilization by language for FY 2009-2010.

Table 13 describes the change in estimated population between 2003 and 2009 by ethnicity.

Ethnic distribution of total estimated population by ethnicity stayed relative similar between 2003 and 2009. Population living at or below 200% FPL declined 2.96% among African Americans, 1.5% among Asian/Pacific Islanders, .13% among Native Americans, and 2% among Whites. However, the Latino population living at or below 200% FPL increased 6.6% between 2003 and 2009.

Table 13: 2003 and 2009 Estimated Countywide Total Population and Population Living at or Below 200% FPL by Ethnicity

Ethnicity	County Wide Estimated Total Population				Countywide Estimated Population Living at or Below 200% FPL			
	2003		2009		2003		2009	
	N	%	N	%	N	%	N	%
African American	966,835	9.70%	944,152	9.06%	447,482	12.72%	364,446	9.76%
Asian / Pacific Islander	1,329,210	13.33%	1,391,495	13.36%	401,518	11.42%	370,349	9.92%
Latino	4,609,970	46.23%	4,917,644	47.21%	2,052,916	58.37%	2,426,069	64.96%
Native American	30,720	0.31%	27,612	0.27%	13,321	0.38%	9,180	0.25%
White	3,035,467	30.44%	3,135,193	30.10%	601,601	17.11%	564,582	15.12%
Total	**9,972,202**	**100%**	**10,416,096**	**100%**	**3,516,838**	**100%**	**3,734,626**	**100%**

Table 14 describes the change in estimated population between 2003 and 2009 by age group.

The distribution of total estimated population by age group increased for all age groups except children between 2003 and 2009. The percentage of children declined 2.2%, while TAY increased .94%, adults 3.4% and older adults 1.3%.

The distribution of estimated population living at or below 200% FPL between 2003 and 2009 by age group showed a decline for all age groups except children. The percentage of children living at or below 200% FPL increased 13.1%, while the TAY population decreased .75%, adults 5.5%, and older adults .6%.

Table 14: 2003 and 2009 Estimated Countywide Total Population and Population Living at or Below 200% FPL by Age Group

Age Group	County Wide Estimated Total Population				County Estimated Population Living at or Below 200% FPL			
	2003		**2009**		**2003**		**2009**	
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Children	2,485,090	24.92%	2,367,592	22.73%	678,182	19.28%	1,138,654	32.38%
TAY	1,466,904	14.71%	1,560,167	15.65%	612,288	17.41%	585,904	16.66%
Adults	4,582,527	45.95%	4,915,321	49.29%	1,735,831	49.36%	1,540,601	43.81%
Older Adults	1,437,681	14.42%	1,573,016	15.77%	490,537	13.95%	469,376	13.35%
Total	**9,972,202**	**100%**	**10,416,096**	**104.45%**	**3,516,838**	**100%**	**3,734,535**	**106.19%**

Table 15 describes the change in estimated population between 2003 and 2009 by gender.

The distribution of the total estimated population between 2003 and 2009 decreased for males .87% and increased for females .87%.

The distribution of estimated population living at or below 200% FPL increased for males 2.3% and decreased for females 2.3%.

Table 15: 2003 and 2009 Estimated Countywide Total Population and Population Living at or Below 200% FPL by Gender

Gender	County Wide Estimated Total Population				County Estimated Population Living at or Below 200% FPL			
	2003		2009		2003		2009	
	N	%	N	%	N	%	N	%
Males	4,902,840	49.17%	5,161,564	48.30%	1,584,154	45.04%	1,769,196	47.37%
Females	5,069,362	50.83%	5,524,532	51.70%	1,932,684	54.96%	1,965,430	52.63%
Total	**9,972,202**	**100%**	**10,416,096**	**100%**	**3,516,838**	**100%**	**3,734,626**	**100%**

Table 16 describes the number of clients served by ethnicity in FY 2005-2006 to FY 2009-2010. Out of the 122,075 clients served, 45,510 (37.28%) were Latinos, 34,841 (28.54%) African Americans, 28,802 (23.59%) Whites, 6,789 (5.56%) Asians, and 689 (.56%) Native Americans.

Table 16: Clients Served by MHSA from FY 05-06 to FY 09-10 by Ethnicity

Ethnicity	# of Clients	% of Clients
African American	34,841	28.54%
Asian	6,789	5.56%
Latino	45,510	37.28%
Native American	689	.56%
White	28,802	23.59%
Other than specified	5,444	4.46%
Total*	**122,075**	**100%**

*Note: Total includes Direct Service Programs under MHSA. May not include the additional 46,500 clients served under Cross-Cutting Programs.

Table 17 describes the number of clients served by age group in FY 2005-2006 to FY 2009-2010. Out of the 122,075 clients served, 71,163 (58.29%) were adults, 21,455 (17.58%) children, 19,393 (15.89%) TAY and 10,064 (8.24%) older adults.

Table 17: Clients Served by MHSA from FY 05-06 to FY 09-10 by Age Group

Age Group	# of Clients	% of Clients
Children	21,455	17.58%
TAY	19,393	15.89%
Adults	71,163	58.29%
Older Adults	10,064	8.24%
Total*	**122,075**	**100%**

*Note: Total includes Direct Service Programs under MHSA. May not include the additional 46,500 clients served under Cross-Cutting Programs.

Table 18 describes the number of clients served by gender in FY 2005-2006 to FY 2009-2010. Out of the 122,075 clients served, 62,242 (50.99%) were females, and 59,803 (48.99%) males.

Table 18: Clients Served by MHSA from FY 05-06 to FY 09-10 by Gender

Gender	# of Clients	% of Clients
Males	59,803	48.99%
Females	62,242	50.99%
Unknown	30	.02%
Total*	**122,075**	**100%**

*Note: Total includes Direct Service Programs under MHSA. May not include the additional 46,500 clients served under Cross-Cutting Programs.

V. Prevention and Early Intervention (PEI) Plan: The process used to identify the PEI priority populations
   The county shall include the following in the CCPR:
   A. Which PEI priority population(s) did the county identify in their PEI plan?

The following 6 populations are identified in Los Angeles county's PEI plan:

1. Underserved cultural populations
2. Individuals experiencing onset of serious psychiatric illness
3. Children/youth in stressed families
4. Trauma-exposed
5. Children/youth at risk of school failure
6. Children/youth at risk or experiencing juvenile justice involvement

B. Describe the process and rationale used by the county in selecting their PEI priority population(s) (e.g., assessment tools or method utilized).

Los Angeles County engaged in a community planning process to develop the PEI plan and to select its PEI priority populations. The process occurred predominantly at the Service Area (SA) level to capture the concerns of local communities. The eight service areas, or geographic areas within Los Angeles County, have distinct and varying demography, geography, resources, and other factors that make it critical for PEI services to be specific to regional and community-based needs. Furthermore, State PEI guidelines stressed that Stakeholders be included in the planning process from a variety of social sectors, age groups and special populations. Finally, the guidelines suggested that counties base their PEI Plan upon solid data that indicated which areas and PEI priority populations had the greatest needs.

In order to ensure that the Los Angeles County Department of Mental Health (LACDMH) was proceeding in fashion consistent with the PEI Guidelines and in accordance with Stakeholder inputs, three advisory groups were formed at various stages during the planning process:

- **Plan-to-Plan Advisory Group** This Group was formed to advise the LACDMH regarding strategies for the planning process, the role of the members was to provide the guidance and necessary expertise to represent the required and recommended sectors for PEI planning.

- **Guidelines Advisory Group** This Group developed a set of guidelines on how to develop service area PEI plans in an inclusive, consistent, and effective manner.
- **Plan Development Advisory Group** This Group was created to provide guidance for the countywide community forum targeted at special populations and to review the *Evidence-based Practices and Promising Practices Resource Guide for Los Angeles County (v.1.0, 2009).*

The following represents the stages in planning that took place over the last two years. The community planning process was undertaken in three phases: (1) Outreach and Education, (2) Needs Assessment, and (3) Plan Development.

PHASE 1: OUTREACH AND EDUCATION

The first phase started in the summer of 2007 with pre-planning activities and continued through winter 2008. Active involvement by community stakeholders – consumers, parents, caregivers, family members, sector members, and other concerned individuals – in the PEI planning process was critical to developing effective, representative, and culturally appropriate PEI services.

PHASE 2: NEEDS ASSESSMENT

In order to create a plan that was comprehensive, it was essential that LACDMH compile data and generate accurate information from a wide range of sources. To gather this information, the Department employed six different needs assessment strategies: recommendations from CSS planning documents, community surveys, service area data profiles, key individual interviews, focus groups, and community forums countywide. Each of these six strategies built on the knowledge gained through earlier strategies. Through each strategy, the questions being asked and answered became more specific and the depth of knowledge increased. Input gathered at various stages in the planning process was analyzed in order to provide direction on which priority populations and age groups were to be targeted in a given project. Additional input was achieved informally through regular meetings with various stakeholder groups who provided oversight and guidance through the many aspects of project development. Finally, a comprehensive statistical and demographic study of risk factors in Los Angeles County was conducted to complete the community needs assessment for PEI. Decision-making bodies (such as, the Service Area Advisory Committees, MHSA Stakeholder Delegates, and LACDMH staff) were asked to examine the gathered information collectively so that there emerged a clearer picture of the county's PEI

needs. As each needs assessment strategy was completed, the information was summarized and made available to the public though the MHSA PEI website.

PHASE 3: PEI PLAN DEVELOPMENT

Plan development procedures were designed to build upon the community needs assessment in a feedback loop to stakeholders. A series of events and meetings were held to achieve this goal and to orient the stakeholders to the responsibilities involved in making their recommendations for Los Angeles County residents. Throughout this, stakeholders were asked to adopt a role consistent with planning for public mental health services and in the absence of conflicts of interests.

- **PEI Roundtable.** On October 2, 2008, the Department held the Los Angeles County PEI Roundtable. The purpose of the Roundtable was (1) to provide an introduction to the MHSA and PEI Plan, (2) to summarize "What We've Learned So Far" through results from the needs assessments activities to date; and (3) to enable different sector groups to exchange information about PEI and their priority populations. Outcomes of the Roundtable activities included:
  - ❖ Convened the Roundtable attended by over 350 individuals
  - ❖ Developed and distributed copies of the reports Vulnerable Communities in Los Angeles County – Special Edition for PEI Roundtable and Selected Findings from the Key individual Interviews
  - ❖ Enabled nine breakout groups organized by sectors and age groups to engage in initial discussion on PEI priority populations
  - ❖ Posted a video of the Roundtable on the LACDMH website, together with the handouts.
  - ❖ Posted questions and answers asked at the Roundtable on the LACDMH website.

- **Teach-Ins.** From November to December 2008, the Departmentco-sponsored, together with the SAACs, a "PEI teach-in" in each service area to provide an introductory training for interested stakeholders regarding Evidence Based Practices (EBPs), Promising Practice (PPs), emerging practices, and CDEs. Outcomes of the teach-ins included:
  - ❖ Conducted PEI teach-ins in each of the eight service areas attended by over 190 individuals.
  - ❖ Developed a PowerPoint: Understanding Evidence-Based Practices presented at all of the teach-ins.
  - ❖ Distributed educational materials on EBPs, PPs, and EPs to attendees.

❖ Developed a webcast of the teach-ins posted on the LACDMH website for those unable to attend a live presentation.

- **Ad Hoc Steering Committee Deliberations.** The Service Area PEI Ad Hoc Steering Committees were formed in fall 2008 and began meeting as early as November 2008 through the end of March 2009. A ninth steering committee for the special countywide populations was also formed in early 2009. In order to proceed with project-building, all of the community assessment information was made available to a group of ad hoc steering committees who further refined population, age, and program selections. Outcomes of the Ad Hoc PEI Steering Committee activities include:
  ❖ Provided updates and technical assistance to the Steering Committee meetings as needed.
  ❖ Utilized independent consultants to act as facilitators for each of the Steering Committees during the voting process.
  ❖ Developed an evaluation tool to determine the rank importance of each priority population for a service area based on findings from the service area data profiles, key individual interviews, focus groups, and community forums; tallied the scores; compiled the results; and identified each Service Area's top priority populations for each age group.
  ❖ Developed an evaluation tool to determine ranking of each EBP and PP on a service area's menu of options relative to their identified priority population and subpopulation needs; tallied the scores; compiled the results; and identified each Service Area's top EBP and PP programs.
  ❖ Obtained recommendations regarding specific PEI programs to be implemented in the service areas and countywide.